

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p> <p style="font-size: 1.5em; text-align: center;">2224</p>		<p>2 Total pages filed:</p>	
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p style="text-align: center;"> <span style="margin-right: 100px;"><i>Mr</i></span> <span><i>Andrew</i></span> <span><i>K</i></span> </p> <p style="text-align: center;"> <small>NICKNAME LAST SUFFIX</small> </p> <p style="text-align: center;"> <span><i>Andy</i></span> <span><i>WEBB</i></span> </p>			<p style="text-align: center;"><b>OFFICE USE ONLY</b></p> <p>Date Received</p> <div style="border: 2px solid blue; padding: 5px; transform: rotate(-5deg); text-align: center;"> <p style="color: blue; font-weight: bold; font-size: 1.2em;">RECEIVED</p> <p style="color: red; font-weight: bold;">APR 24 2019</p> <p style="font-size: 1.5em; color: black;"><i>Q</i></p> </div> <p>Date Delivered or Date Postmarked</p>	
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><i>110 CHURCH ST</i></p> <p><i>GEORGETOWN, TX 78633</i></p> <p><input type="checkbox"/> Change of Address</p>			<p>Receipt #</p> <p>Amount \$</p>	
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>(512) 563-1679</i></p>			<p>Date Processed</p> <p>Date Imaged</p>	
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p style="text-align: center;"> <span style="margin-right: 100px;"><i>Mr</i></span> <span><i>George</i></span> <span></span> </p> <p style="text-align: center;"> <small>NICKNAME LAST SUFFIX</small> </p> <p style="text-align: center;"> <span><i>Andy</i></span> </p>			<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><i>325 Twin Springs Rd</i></p> <p><i>GEORGETOWN, TX 78633</i></p> <p>(Residence or Business)</p>	
	<p>8 CAMPAIGN TREASURER PHONE</p> <p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>(512) 868-4100</i></p>			<p>9 REPORT TYPE</p> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>	
<p>10 PERIOD COVERED</p>	<p style="text-align: center;">             Month Day Year                      Month Day Year           </p> <p style="text-align: center;"> <i>4 / 4 / 19</i>                      THROUGH                      <i>4 / 26 / 19</i> </p>				
<p>11 ELECTION</p>	<p>ELECTION DATE                      ELECTION TYPE</p> <p style="text-align: center;">             Month Day Year                                </p> <p style="text-align: center;"> <i>5 / 4 / 19</i>                                <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special         </p>				
<p>12 OFFICE</p>	<p>OFFICE HELD (if any)</p> <p><i>GISD BOARD, PLACE 3</i></p>		<p>13 OFFICE SOUGHT (if known)</p> <p><i>Same</i></p>		

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

Andy Webb

15 Filer ID (Ethics Commission Filers)

2224

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

4169<sup>53</sup>

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,  
UNLESS ITEMIZED

\$

350

4. TOTAL POLITICAL EXPENDITURES

\$

2820<sup>13</sup>

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY  
OF REPORTING PERIOD

\$

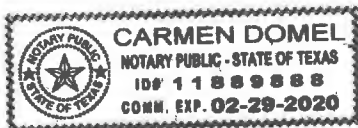
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD

\$

4781<sup>22</sup>

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Andy Webb*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andy Webb, this the 24  
day of April, 2019, to certify which, witness my hand and seal of office.

*Carmen Domel*

Signature of officer administering oath

Carmen Domel

Printed name of officer administering oath

Sec to Board of Trustees

Title of officer administering oath

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/5

2 FILER NAME

ANITA WEBB

3 Filer ID (Ethics Commission Filers)

2224

4 Date

4/10

5 Full name of contributor

☐ out-of-state PAC (ID#:

JAMES TALOGS

6 Contributor address;

City; State; Zip Code

4411 S. 11th St,

6t, TX 78626

7 Amount of contribution (\$)

300<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/11

Full name of contributor

☐ out-of-state PAC (ID#:

KARSTEN STEVENS

Contributor address;

City; State; Zip Code

901 Hidden Glen

RA, TX 78681

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/11

Full name of contributor

☐ out-of-state PAC (ID#:

LINDA MICHAEL

Contributor address;

City; State; Zip Code

2913 Gabriel View Dr

6t, TX 78628

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16

Full name of contributor

☐ out-of-state PAC (ID#:

CHARLES CULPERREN

Contributor address;

City; State; Zip Code

1901 Skyline Blvd

RA, TX 78681

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

215

2 FILER NAME

Andy Well

3 Filer ID (Ethics Commission Filers)

7224

4 Date

4/18

5 Full name of contributor

☐ out-of-state PAC (ID#:

Tim Stewart

6 Contributor address;

City; State; Zip Code

120 Silverstone

61, TX 78633

7 Amount of contribution (\$)

150<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/18

Full name of contributor

☐ out-of-state PAC (ID#:

Brad Stewart

Contributor address;

City; State; Zip Code

203 Hillstone

61, TX 78628

Amount of contribution (\$)

500<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18

Full name of contributor

☐ out-of-state PAC (ID#:

Carol Kase

Contributor address;

City; State; Zip Code

2604 Sunrise

RL, TX 78665

Amount of contribution (\$)

250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/18

Full name of contributor

☐ out-of-state PAC (ID#:

Michael Ellison

Contributor address;

City; State; Zip Code

Po B 170639

Austin TX 78717

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/5

2 FILER NAME

Amy Webb

3 Filer ID (Ethics Commission Filers)

2224

4 Date

4/15

5 Full name of contributor

Cam Mullan

☐ out-of-state PAC (ID#:

6 Contributor address;

City; State; Zip Code

1343 River Forest

Re, TX 78665

7 Amount of contribution (\$)

250<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/4

Full name of contributor

Brian Smith

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

30303 Oak Tree

6T TX

Amount of contribution (\$)

150<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4

Full name of contributor

Carl Miller

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

2103 Casa Linda

Re TX

Amount of contribution (\$)

250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4

Full name of contributor

KC Willis

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

515 Congress

Aurora, TX

Amount of contribution (\$)

250<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4/5

2 FILER NAME

Andy Webb

3 Filer ID (Ethics Commission Filers)

2724

4 Date

4/4

5 Full name of contributor

☐ out-of-state PAC (ID#:

Marc Alarcon

6 Contributor address;

City; State; Zip Code

Temple, TX

7 Amount of contribution (\$)

119.52

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/4

Full name of contributor

☐ out-of-state PAC (ID#:

Curtis Steger

Contributor address;

City; State; Zip Code

302 Rickland

GT, TX

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4

Full name of contributor

☐ out-of-state PAC (ID#:

William Tarasovsky

Contributor address;

City; State; Zip Code

106 Diamond Trl

GT, TX

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4

Full name of contributor

☐ out-of-state PAC (ID#:

Mike Pass

Contributor address;

City; State; Zip Code

2711 Cedar Springs

KL, TX

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

615

2 FILER NAME

Andy Webb

3 Filer ID (Ethics Commission Filers)

7224

4 Date

4/4

5 Full name of contributor

☐ out-of-state PAC (ID#:

F. Todd Woods

6 Contributor address;

City; State; Zip Code

412 Southcross

67, TX

7 Amount of contribution (\$)

250<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/4

Full name of contributor

☐ out-of-state PAC (ID#:

William Farney

Contributor address;

City; State; Zip Code

111 Berry Ln

67, TX

Amount of contribution (\$)

200<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4

Full name of contributor

☐ out-of-state PAC (ID#:

Georgetown Commercial Property, LLC

Contributor address;

City; State; Zip Code

3201 S. Austin, Ste 150 Georgetown, TX

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/4

Full name of contributor

☐ out-of-state PAC (ID#:

San Gabriel Project Management, LLC

Contributor address;

City; State; Zip Code

3201 S. Austin Ave, Ste 310 67, TX

Amount of contribution (\$)

100<sup>00</sup>

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.